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NA	NA	Title Page	Revised date changed
NA	NA	Acknowledge-ments Page	Changed website address to read http://cms.hhs.gov/quality/mds20
NA	NA	Page V	Table of Contents – changed RUG-III 44 to 53
CH 6	NA	6-1 to 6-28	<p>Replace Chapter 6 in its entirety, due to numerous changes and changes in pagination.</p> <p>Throughout chapter replaced ‘44’ with ‘53’, ‘seven’ with ‘eight’, ‘26’ with ‘35’</p> <p>Added ‘Rehabilitation Plus Extensive Services’ when indicated</p>

	B	1-6	<p>RAI Coordinator and Regional Office contacts updated</p> <p>Changed website address to read http://cms.hhs.gov/quality/mds20</p>
	I	1-23	<p>Replace the previous Section I (pages 1-27)</p> <p>Change Matrix Version 4.6 (03/15/2005) to 4.7 (08/15/2005)</p> <p>Change Data Specifications Version: 1.20 to 1.30</p> <p>Change RUG-III Case Mix Classification, Version 5.12 (or 5.12b) to 5.20</p> <p>RP=Resident Assessment Protocols, change MDS Data Specification Version from 1.01 to 1.30</p> <p>QM=Quality Measures publicly reported in 11/2004 (15 QMs)</p>

**Centers For Medicare &
Medicaid Services**



**Revised
Long-Term Care
Facility Resident
Assessment
Instrument
User's Manual**

Version 2.0

December 2002

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2002 Edition

(continued)

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We hope that you find this revised manual to be a positive resource. Questions regarding information presented in this Manual should be directed to your State's RAI Coordinator. A procedure for directing questions to CMS is being established and will be published shortly. Please continue to check our web site for more information at: <http://cms.hhs.gov/quality/mds20>.

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CHAPTER 6: MEDICARE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM (SNF PPS)

6.1 Background

The Balanced Budget Act of 1997 included the implementation of a Medicare Prospective Payment System (PPS) for skilled nursing facilities, consolidated billing, and a number of related changes. The PPS system replaced the retrospective cost-based system for skilled nursing facilities under Part A of the program. (Federal Register Vol. 63, No. 91, May 12, 1998, Final Rule.)

The SNF PPS is the culmination of substantial research efforts beginning as early as the 1970's, focusing on the areas of nursing facility payment and quality. In addition, it is based on a foundation of knowledge and work by a number of states that developed and implemented similar case mix payment methodologies for their Medicaid nursing facility payment systems.

The current focus in the development of State and Federal payment systems for nursing facility care is based on the recognition of the differences among residents, particularly in the utilization of resources. Some residents require total assistance with their activities of daily living (ADLs) and have complex nursing care needs. Other residents may require less assistance with ADLs, but may require rehabilitation or restorative nursing services. The recognition of these differences is the premise of a case mix system. Reimbursement levels differ based on the resource needs of the residents. Residents with heavy care needs require more staff resources and payment levels would be higher than for those residents with less intensive care needs. In a case mix adjusted payment system the amount of reimbursement to the nursing facility is based on the resource intensity of the resident as measured by items on the MDS. Case mix reimbursement has become a widely adopted method for financing nursing facility care. The case mix approach serves as the basis for the PPS for skilled nursing facilities, swing bed hospitals and is increasingly being used by States for Medicaid reimbursement for nursing facilities.

6.2 Utilizing the MDS in the Medicare Prospective Payment System

A key component of the Medicare skilled nursing facility prospective payment system is the case mix reimbursement methodology used to determine resident care needs. A number of nursing facility case mix systems have been developed over the last 20 years. Since the early 1990's, however, the most widely adopted approach to case mix has been the Resource Utilization Groups (RUG-III). This classification system uses information from the MDS assessment to classify SNF residents into a series of groups representing the residents' relative direct care resource requirements.

The MDS assessment data is used to calculate the RUG-III Classification necessary for payment. The MDS contains extensive information on the resident's nursing needs, ADL impairments, cognitive status, behavioral problems, and medical diagnoses. This information is used to define RUG-III groups that form a hierarchy from the greatest to the least resources used. Residents with more specialized nursing requirements, licensed therapies, greater ADL dependency or other conditions will be assigned to higher groups in the RUG-III hierarchy. Providing care to these residents is more costly, and is reimbursed on a higher level.

6.3 Resource Utilization Groups Version III (RUG-III)

The RUG-III classification system has eight major classification groups: **Rehabilitation Plus Extensive Services**, Rehabilitation, Extensive Services, Special Care, Clinically Complex, Impaired Cognition, Behavior Problems, and Reduced Physical Function. The **eight** groups are further divided by the intensity of the resident's activities of daily living (ADL) needs, and in the Clinically Complex category, by the presence of depression.

One hundred and eight (108) MDS assessment items are used in the RUG-III Classification system to evaluate the resident's clinical condition.

A calculation worksheet was developed in order to provide clinical staff with a better understanding of how the RUG-III classification system works. The worksheet translates the software programming into plain language to assist staff in understanding the logic behind the classification system. A copy of the calculation worksheet for the RUG-III Classification system for nursing facilities can be found at the end of this section.

EIGHT MAJOR RUG-III CLASSIFICATION GROUPS	
MAJOR RUG-III GROUP	CHARACTERISTICS ASSOCIATED WITH MAJOR RUG-III GROUP
Rehabilitation Plus Extensive Services	Residents receiving physical, speech or occupational therapy AND receiving IV feeding or medications, suctioning, tracheostomy care, or ventilator/respirator.
Rehabilitation	Residents receiving physical, speech or occupational therapy.

Extensive Services	Residents receiving complex clinical care or with complex clinical needs such as IV feeding or medications, suctioning, tracheostomy care, ventilator/respirator and comorbidities that make the resident eligible for other RUG categories.
Special Care	Residents receiving complex clinical care or with serious medical conditions such as multiple sclerosis, quadriplegia, cerebral palsy, respiratory therapy, ulcers, stage III or IV pressure ulcers, radiation, surgical wounds or open lesions, tube feeding and aphasia, fever with dehydration, pneumonia, vomiting, weight loss or tube feeding.
Clinically Complex	Residents receiving complex clinical care or with conditions requiring skilled nursing management and interventions for conditions and treatments such as burns, coma, septicemia, pneumonia, foot infections or wounds, internal bleeding, dehydration, tube feeding, oxygen, transfusions, hemiplegia, chemotherapy, dialysis, physician visits/order changes.
Impaired Cognition	Residents having cognitive impairment in decision-making, recall and short-term memory. (Score on MDS 2.0 cognitive performance scale ≥ 3).
Behavior Problems	Residents displaying behavior such as wandering, verbally or physically abusive or socially inappropriate, or who experience hallucinations or delusions
Reduced Physical Function	Residents whose needs are primarily for activities of daily living and general supervision.

6.4 Relationship Between the Assessment and the Claim

The SNF PPS establishes a schedule of Medicare assessments. Each required Medicare assessment is used to support Medicare PPS reimbursement for a predetermined **maximum** number of Medicare Part A days. To verify that the Medicare bill accurately reflects the assessment information, three data items derived from the MDS assessment must be included on the Medicare claim:

1. ASSESSMENT REFERENCE DATE (ARD)

The ARD must be reported on the Medicare claim. **If an MDS assessment was not completed**, the ARD is not used and the claim must be billed at the default rate. CMS has developed mechanisms to link the assessment and billing records.

2. THE RUG-III GROUP

The RUG-III group is calculated from the MDS assessment data. The software used to encode and transmit the MDS assessment data calculates the RUG-III group. CMS edits and validates the RUG-III code of transmitted MDS assessments. Facilities cannot submit Medicare Part A claims until the assessment has been accepted into the CMS data base, and they must use the RUG-III code as validated by CMS when bills are filed. The following abbreviated RUG-III codes are used in the billing process.

RUX, RUL, RVX, RVL, RHX, RHL, RMX, RML, RLX

RUA, RUB, RUC, RVA, RVB, RVC, RHA, RHB, RHC, RMA, RMB, RMC, RLA, RLB

SE1, SE2, SE3

SSA, SSB, SSC

CA1, CA2, CB1, CB2, CC1, CC2

IA1, IA2, IB1, IB2

BA1, BA2, BB1, BB2

PA1, PA2, PB1, PB2, PC1, PC2, PD1, PD2, PE1, PE2

AAA (the default code)

3. HEALTH INSURANCE PPS (HIPPS) CODES

Each Medicare PPS assessment is used to support Medicare Part A payment for a maximum number of days. The HIPPS code must be entered on each claim, and must accurately reflect which assessment is being used to bill the RUG-III group for Medicare reimbursement.

The CMS HIPPS codes contain a three position code to represent the RUG-III of the SNF resident, plus a 2-position assessment indicator to indicate which assessment was completed. Together they make up the 5-position HIPPS code for the purpose of billing

Part A covered days to the Fiscal Intermediary. The **chart** shown below list the HIPPS codes used by SNFs.

HIPPS **modifier** codes have been established for each type of assessment used to support Medicare payment. For example, the Medicare reason for assessment on a Medicare 5-Day assessment is “1”, and the HIPPS code is “01”.

Under the SNF PPS, there are situations when two assessments may be needed to fulfill Medicare requirements. Rather than requiring such duplication of effort, providers have the ability to combine assessments (see Chapter 2 for more detailed information). For example, if an OMRA is required during the assessment window for a Medicare 30-Day assessment (i.e., days 21-34), the SNF is required to perform only one assessment. There is no way to code two Medicare Reasons for Assessment. The combined OMRA/30-Day Medicare assessment is coded on the MDS as an OMRA and identified on the Part A billing by using a HIPPS **modifier** code of “28”. The combined assessment can then be used when billing the Medicare claim. Similarly, if an assessment is a combined 30-Day and an SCSA, the SCSA is coded as the Primary Reason for Assessment. The 30-Day is shown as the Medicare Reason for Assessment, and the HIPPS **modifier** code used for billing is “32”.

SNF HIPPS MODIFIERS/ASSESSMENT TYPE INDICATORS

01	5-Day Medicare-required assessment/not an Admission assessment.
02	30-Day Medicare-required assessment.
03	60-Day Medicare-required assessment.
04	90-Day Medicare-required assessment.
05	Readmission/Return Medicare-required assessment.
07	14-Day Medicare-required assessment/not an Admission assessment.
08	Off-cycle Other Medicare-required assessment (OMRA).
11	5-Day (or readmission/return) Medicare-required assessment AND Admission assessment.
17	14-Day Medicare-required assessment AND Admission assessment: This code is being activated to facilitate the planned automated generation of all assessment indicator codes. Currently, code 07 is used for all 14-Day Medicare assessments, regardless of whether it is also an OBRA Admission assessment (i.e., an assessment mandated as part of the Medicare/Medicaid certification process).
18	OMRA (Other Medicare Required Assessment) replacing 5-Day Medicare-required assessment
19	Special payment situation – 5-Day assessment
28	OMRA replacing 30-Day Medicare-required assessment
29	Special payment situation – 30-Day assessment

30	Off-cycle Significant Change assessment (outside assessment window).
31	Significant Change assessment REPLACES 5-Day Medicare-required assessment.
32	Significant Change assessment (SCSA) REPLACES 30-Day Medicare-required assessment
33	Significant Change assessment REPLACES 60-Day Medicare-required assessment
34	Significant Change assessment REPLACES 90-Day Medicare-required assessment
35	Significant Change assessment REPLACES a readmission/return Medicare-required assessment.
37	Significant Change assessment REPLACES 14-Day Medicare-required assessment
38	OMRA replacing 60-Day Medicare-required assessment.
39	Special payment situation – 60-Day assessment.
40	Off-cycle Significant Correction assessment of a prior assessment (outside assessment window)
41	Significant Correction of a Prior assessment (SCPA) REPLACES a 5-Day Medicare-required assessment
42	Significant Correction of a Prior assessment REPLACES 30-Day Medicare-required assessment
43	Significant Correction of a Prior assessment REPLACES 60-Day Medicare-required assessment
44	Significant Correction of a Prior assessment REPLACES 90-Day Medicare-required assessment
45	Significant Correction of a Prior assessment REPLACES a readmission/return assessment.
47	Significant Correction of a Prior assessment REPLACES 14-Day Medicare-required assessment
48	OMRA replacing 90-Day Medicare required assessment.
49	Special payment situation – 90-Day assessment.
54	90-Day Medicare assessment that is also a Quarterly assessment
78	OMRA replacing 14-Day Medicare-required assessment.
79	Special payment situation – 14-Day assessment
00	Default code

6.5 SNF PPS Eligibility Criteria for SNFs

Under SNF PPS, beneficiaries must meet the established eligibility requirements for a Part A SNF-level stay. These requirements are summarized below.

TECHNICAL ELIGIBILITY REQUIREMENTS

Technical eligibility remains the same, as outlined below, per the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 1 (Pub. 100-1) and the Medicare Benefit Policy Manual, Chapter 8 (Pub. 100-2). The beneficiary must meet the following criteria:

- Beneficiary is Enrolled in Medicare Part A and has days available to use.
- There has been a three-day prior qualifying hospital stay.
- Admission for SNF-level services is within thirty days of discharge from an acute care stay.

CLINICAL ELIGIBILITY REQUIREMENTS

A beneficiary is eligible for SNF extended care if all the following requirements are met:

- The beneficiary has a need for and receives medically necessary skilled care on a daily basis, which is provided by or under the direct supervision of skilled nursing or rehabilitation professionals.
- As a practical matter, these skilled services can only be provided in an SNF.
- The services provided must be for a condition for which the resident:
 - was treated during the qualifying hospital stay, or
 - arose while the resident was in the SNF for treatment of a condition for which he/she was previously treated for in a hospital.

PHYSICIAN CERTIFICATION

The attending physician or a physician on the staff of the skilled nursing facility who has knowledge of the case, or a nurse practitioner (NP) or clinical nurse specialist (CNS) who does not have a direct or indirect employment relationship with the facility, but who is working in collaboration with the physician, must certify and then periodically re-certify the need for extended care services in the skilled nursing facility.

- **Certifications** are required at the time of admission or as soon thereafter as is reasonable and practicable. (42 CFR 424.20)
 - The initial certification certifies, per the existing context found in 42 CFR 424.20, that the resident meets the existing SNF level of care definition, **or**
 - Validates that the beneficiary's assignment to one of the upper RUG-III (Top 35) groups is correct through a statement indicating the assignment is correct.
- **Re-certifications** are used to document the continued need for skilled extended care services.
 - The first re-certification is required no later than the **14th** day.
 - Subsequent re-certifications are required no later than **30 days** after the **prior** re-certification.

NOTE: These certification statements have no correlation to requirements specifically related to the plan of treatment for therapy that is required for purposes of coverage.

6.6 RUG-III **53** Group Model Calculation Worksheet for SNFs

This RUG-III Version **5.20** calculation worksheet is a step-by-step walk through to manually determine the appropriate RUG-III Classification **based on the data** from an MDS assessment. The worksheet takes the **grouper logic** and puts it into words. We have carefully reviewed the worksheet to insure that it represents the standard logic.

This worksheet is for the **53-group** RUG-III Version **5.20** model. In the **53-group** model, there are **23** different **Rehabilitation Plus Extensive Services** and Rehabilitation groups representing **10** different levels of rehabilitation services. In the **53-group** model, the residents in the **Rehabilitation Plus Extensive Services** groups have the highest level of combined nursing and rehabilitation need, while residents in the Rehabilitation groups have the next highest level of need. Therefore, the **53-group** model has the **Rehabilitation Plus Extensive Services** groups first followed by the Rehabilitation groups, the Extensive Services groups, the Special Care groups, the Clinically Complex groups, the Impaired Cognition groups, the Behavior Problems groups, and finally the Reduced Physical **Function** groups.

There are two basic approaches to RUG-III Classification: (1) hierarchical classification and (2) index maximizing classification. CMS has not developed an index maximization worksheet. The worksheet included at the end of this chapter was developed for the hierarchical methodology. Instructions for adapting this worksheet to the index maximizing approach are included below.

Hierarchical Classification. The present worksheet employs the hierarchical classification method. Hierarchical classification is used in some payment systems, in staffing analysis, and in many research projects. In the hierarchical approach, you start at the top and work down through the RUG-III model, and the classification is the first group for which the resident qualifies. In other words, start with the **Rehabilitation Plus Extensive Services** groups at the top of the RUG-III model. Then you work your way down through the groups in hierarchical order: **Rehabilitation Plus Extensive Services**, Rehabilitation, Extensive Services, Special Care, Clinically Complex, Impaired Cognition, Behavior Problems, and Reduced Physical Function. When you find the first of the **53** individual RUG-III groups for which the resident qualifies, then assign that group as the RUG-III Classification and you are finished.

If the resident qualifies in the Extensive Services group and a Special Care group, always choose the Extensive Services classification, since it is higher in the hierarchy. Likewise, if the resident qualifies for Special Care and Clinically Complex, always choose Special Care. In hierarchical classification, always pick the group **nearest** the top of the model.

Index Maximizing Classification. Index maximizing classification is used in Medicare PPS and most Medicaid payment systems. There is a designated Case Mix Index (CMI) for each RUG-III category. The first step in index maximizing is to determine all of the RUG-III groups for which the resident qualifies. Then from the qualifying groups you choose the RUG-III group that has the highest case mix index. The index maximizing method uses the case mix indices effective with RUG-III changes on January 1, 2006.

While the present worksheet illustrates the hierarchical classification method, it can be adapted for index maximizing. To index maximize, you would evaluate all classification groups rather than assigning the resident to the first qualifying group. In the index maximizing approach, you again start at the beginning of the worksheet. You then work down through all of the **53** RUG-III Classification groups, ignoring instructions to skip groups and noting each group for which the resident qualifies. When you finish, record the CMI for each of these groups. Select the group with the highest CMI. This group is the index-maximized classification for the resident.

CALCULATION OF TOTAL “ADL” SCORE

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

The ADL score is used in all determinations of a resident's placement in a RUG-III category. It is a very important component of the classification process.

► ***STEP # 1***

To calculate the ADL score use the following chart for G1a (bed mobility), G1b (transfer), and G1i (toilet use). **Enter the ADL scores to the right.**

<u>Column A =</u>		<u>Column B =</u>	<u>ADL score =</u>	<u>SCORE</u>
-, 0 or 1	and	(any number)	= 1	G1a=____
2	and	(any number)	= 3	G1b=____
3, 4, or 8	and	-, 0, 1 or 2	= 4	G1i= ____
3, 4, or 8	and	3 or 8	= 5	

► ***STEP # 2***

If K5a (parenteral/IV) is checked, the eating ADL score is 3. If K5b (feeding tube) is checked and EITHER (1) K6a is 51% or more calories OR (2) K6a is 26% to 50% calories and K6b is 501cc or more per day fluid enteral intake, then the eating ADL score is 3. **Enter the ADL eating score (G1h) below and total the ADL score. If not, go to Step #3.**

► ***STEP # 3***

If neither K5a nor K5b (with appropriate intake) are checked, evaluate the chart below for G1hA (eating self-performance). *Enter the score to the right* and total the ADL score. This is the RUG-III **TOTAL ADL SCORE**. (The total ADL score range possibilities are 4 through 18.)

<u>Column A (G1h) =</u>	<u>ADL score =</u>	<u>SCORE</u>
-, 0 or 1	= 1	G1h =____
2	= 2	
3, 4, or 8	= 3	

TOTAL RUG-III ADL SCORE _____

Other ADLs are also very important, but the researchers have determined that the late loss ADLs were more predictive of resource use. They determined that allowing for the early loss ADLs did not significantly change the classification hierarchy or add to the variance explanation.

CATEGORY I: REHABILITATION PLUS EXTENSIVE SERVICES

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

You start the classification process beginning at the Rehabilitation Plus Extensive Services level. In order for a resident to qualify for this category, he/she must meet 3 requirements, which are 1) have an ADL score of 7 or more, 2) meet one of the criteria for the Extensive Services category, and 3) meet the criteria for one of the Rehabilitation categories.

► STEP # 1

Determine the resident's ADL score. **If the resident's ADL score is 7 or higher go to step 2.**

If the ADL score is less than 7, skip to Category II now.

► STEP # 2

Is the resident coded for receiving **one** or more of the following extensive services?

K5a	Parenteral / IV
P1ac	IV Medication
P1ai	Suctioning
P1aj	Tracheostomy care
P1al	Ventilator or respirator

If the resident does not receive one of the above, skip to Category II now.

► STEP # 3

Determine if the resident's rehabilitation therapy services satisfy the criteria for one of the RUG-III Rehabilitation groups. **If the resident does not meet all of the criteria for one Rehabilitation group (e.g., Ultra High Intensity), then move to the next group (e.g., Very High Intensity).**

A. Ultra High Intensity Criteria

In the last 7 days (section P1b [a,b,c]):

720 minutes or more (total) of therapy per week **AND**
At least two disciplines, 1 for at least 5 days, **AND**
2nd for at least 3 days

<u>RUG-III ADL Score</u>	<u>RUG-III Class</u>
16 - 18	RUX
7 - 15	RUL

B. Very High Intensity Criteria

In the last 7 days (section P1b [a, b, c,]):

500 minutes or more (total) of therapy per week **AND**
 At least 1 discipline for at least 5 days

<u>RUG-III ADL Score</u>	<u>RUG-III Class</u>
16 - 18	RVX
7 - 15	RVL

C. High Intensity Criteria (either (1) or (2) below may qualify)

- (1) In the last 7 days (section P1b [a, b, c]):
 325 minutes or more (total) of therapy per week **AND**
 At least 1 discipline for at least 5 days

- (2) **If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply** (section T1b, T1c, T1d and section P1b [a, b, c]):

Ordered Therapies, T1b is checked **AND**

In the last 7 days:

Received 65 or more minutes, P1b [a,b,c] **AND**

In the first 15 days from admission:

520 or more minutes expected, T1d **AND**

rehabilitation services expected on 8 or more days, T1c.

<u>RUG-III ADL Score</u>	<u>RUG-III Class</u>
13 - 18	RHX
7 - 12	RHL

D. Medium Intensity Criteria (either (1) or (2) below may qualify)

- (1) In the last 7 days: (section P1b [a,b,c])
 150 minutes or more (total) of therapy per week **AND**
 At least 5 days of any combination of the 3 disciplines

- (2) **If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply:** (section T1b, T1c, T1d):

Ordered Therapies, T1b is checked **AND**

In the first 15 days from admission:

240 or more minutes are expected, T1d **AND**

rehabilitation services expected on 8 or more days, T1c.

<u>RUG-III ADL Score</u>	<u>RUG-III Class</u>
15 - 18	RMX
7 - 14	RML

E. Low Intensity Criteria (either (1) or (2) below may qualify):

- (1) In the last 7 days (section P1b [a,b,c] and P3):
 45 minutes or more (total) of therapy per week **AND**

At least 3 days of any combination of the 3 disciplines **AND**
 2 or more nursing rehabilitation services* received for
 at least 15 minutes each with each administered for 6 or more
 days.

(2) **If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply** (section P3 and section T1b, T1c, T1d):

Ordered therapies T1b is checked **AND**

In the first 15 days from admission:

75 or more minutes are expected, T1d **AND**

rehabilitation services expected on 5 or more days, T1c **AND**

2 or more nursing rehabilitation services* received for at
 least 15 minutes each with each administered for 2 or more
 days, P3.

****Nursing Rehabilitation Services***

<i>H3a,b**</i>	<i>Any scheduled toileting program and/or bladder retraining program</i>
<i>P3a,b**</i>	<i>Passive and/or active ROM</i>
<i>P3c</i>	<i>Splint or brace assistance</i>
<i>P3d,f**</i>	<i>Bed mobility and/or walking training</i>
<i>P3e</i>	<i>Transfer training</i>
<i>P3g</i>	<i>Dressing or grooming training</i>
<i>P3h</i>	<i>Eating or swallowing training</i>
<i>P3i</i>	<i>Amputation/Prosthesis care</i>
<i>P3j</i>	<i>Communication training</i>
<i>**Count as one service even if both provided</i>	

<u>RUG-III ADL Score</u>	<u>RUG-III Class</u>
7 - 18	RLX

RUG-III Classification _____

If the resident does not classify in the Rehabilitation Plus Extensive Services Category, proceed to Category II.

CATEGORY II: REHABILITATION

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

Rehabilitation therapy is any combination of the disciplines of physical, occupational, or speech therapy. This information is found in Section P1b. Nursing rehabilitation is also considered for the low intensity classification level. It consists of providing active or passive range of motion, splint/brace assistance, training in transfer, training in dressing/grooming, training in eating/swallowing, training in bed mobility or walking, training in communication, amputation/prosthesis care, any scheduled toileting program, and bladder retraining program. This information is found in Section P3 and H3a,b of the MDS Version 2.0.

► ***STEP # 1***

Determine if the resident's rehabilitation therapy services satisfy the criteria for one of the RUG-III Rehabilitation groups. **If the resident does not meet all of the criteria for one Rehabilitation group (e.g., Ultra High Intensity), then move to the next group (e.g., Very High Intensity).**

A. **Ultra High Intensity Criteria**

In the last 7 days (section P1b [a,b,c]):

720 minutes or more (total) of therapy per week **AND**

At least two disciplines, 1 for at least 5 days, **AND**

2nd for at least 3 days

RUG-III ADL Score

16 - 18

9 - 15

4 - 8

RUG-III Class

RUC

RUB

RUA

B. **Very High Intensity Criteria**

In the last 7 days (section P1b [a, b, c,]):

500 minutes or more (total) of therapy per week **AND**

At least 1 discipline for at least 5 days

RUG-III ADL Score

16 - 18

9 - 15

4 - 8

RUG-III Class

RVC

RVB

RVA

C. **High Intensity Criteria** (either (1) or (2) below may qualify)

- (1) In the last 7 days (section P1b [a, b, c]):
 325 minutes or more (total) of therapy per week **AND**
 At least 1 discipline for at least 5 days
- (2) **If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply** (section T1b, T1c, T1d and section P1b [a, b, c]):
 Ordered Therapies, T1b is checked **AND**
 In the last 7 days:
 Received 65 or more minutes, P1b [a,b,c] **AND**
 In the first 15 days from admission:
 520 or more minutes expected, T1d **AND**
 rehabilitation services expected on 8 or more days, T1c.

RUG-III ADL Score

13 - 18

8 - 12

4 - 7

RUG-III Class

RHC

RHB

RHA

D. **Medium Intensity Criteria** (either (1) or (2) below may qualify)

- (1) In the last 7 days: (section P1b [a,b,c])
 150 minutes or more (total) of therapy per week **AND**
 At least 5 days of any combination of the 3 disciplines
- (2) **If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply:** (section T1b, T1c, T1d):
 Ordered Therapies, T1b is checked **AND**
 In the first 15 days from admission:
 240 or more minutes are expected, T1d **AND**
 rehabilitation services expected on 8 or more days, T1c.

RUG-III ADL Score

15 - 18

8 - 14

4 - 7

RUG-III Class

RMC

RMB

RMA

E. **Low Intensity Criteria** (either (1) or (2) below may qualify):

- (1) In the last 7 days (section P1b [a,b,c] and P3):
 45 minutes or more (total) of therapy per week **AND**
 At least 3 days of any combination of the 3 disciplines **AND**
 2 or more nursing rehabilitation services* received for
 at least 15 minutes each with each administered for 6 or more
 days.
- (2) **If this is a Medicare 5-Day or a Medicare Readmission/Return Assessment, then the following apply** (section P3 and section T1b, T1c, T1d):
 Ordered therapies T1b is checked **AND**
 In the first 15 days from admission:
 75 or more minutes are expected, T1d **AND**
 rehabilitation services expected on 5 or more days, T1c **AND**
 2 or more nursing rehabilitation services* received for at
 least 15 minutes each with each administered for 2 or more
 days, P3.

****Nursing Rehabilitation Services***

<i>H3a,b**</i>	<i>Any scheduled toileting program and/or bladder retraining program</i>
<i>P3a,b**</i>	<i>Passive and/or active ROM</i>
<i>P3c</i>	<i>Splint or brace assistance</i>
<i>P3d,f**</i>	<i>Bed mobility and/or walking training</i>
<i>P3e</i>	<i>Transfer training</i>
<i>P3g</i>	<i>Dressing or grooming training</i>
<i>P3h</i>	<i>Eating or swallowing training</i>
<i>P3i</i>	<i>Amputation/Prosthesis care</i>
<i>P3j</i>	<i>Communication training</i>
<i>**Count as one service even if both provided</i>	

RUG-III ADL Score

14 - 18
 4 - 13

RUG-III Class

RLB
 RLA

RUG-III Classification _____

If the resident does not classify in the Rehabilitation Category, proceed to Category III.

CATEGORY III: EXTENSIVE SERVICES

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

The classification groups in this hierarchy are based on various services provided. Use the following instructions to begin the calculation:

► ***STEP # 1***

Is the resident coded for receiving **one** or more of the following extensive services?

K5a	Parenteral / IV
P1ac	IV Medication
P1ai	Suctioning
P1aj	Tracheostomy care
P1al	Ventilator or respirator

If the resident does not receive one of the above, skip to Category IV now.

► ***STEP # 2***

If at least **one** of the above treatments is coded and the resident has a total RUG-III ADL score of 7 or more, he/she classifies as Extensive Services. ***Move to Step #3. If the resident's ADL score is 6 or less, he/she classifies as Special Care (SSA). Skip to Category IV, Step #5 now and record the classification as SSA.***

► ***STEP # 3***

The resident classifies in the Extensive Services category. To complete the scoring, however, an extensive count will need to be determined. If K5a (Parenteral IV) is checked, add 1 to the extensive count below. If P1ac (IV Medication) is checked, add 1 to the extensive count below. To complete the extensive count, determine if the resident also meets the criteria for Special Care, Clinically Complex, and Impaired Cognition. The final split into either SE1, SE2, or SE3 will be completed after these criteria have been scored. ***Go to Category IV, Step #1 now.***

K5a	Parenteral / IV
P1ac	IV Medication

Extensive Count _____
(Enter this count in Step #4 on Page 6-25.)

CATEGORY III: EXTENSIVE SERVICES (cont.)

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

If the resident previously met the criteria for the Extensive Services category with an ADL score of 7 or more, complete the Extensive Services classification here.

► ***STEP # 4 (Extensive Count Determination)***

Complete the scoring of the Extensive Services by summing the extensive count items:

Page 6-17	Extensive Count - Extensive Services	_____
Page 6-19	Extensive Count - Special Care	_____
Page 6-21	Extensive Count - Clinically Complex	_____
Page 6-24	Extensive Count - Impaired Cognition	_____
Total Extensive Count		_____

Select the final Extensive Service classification using the Total Extensive Count.

<u>Extensive Count</u>	<u>RUG-III Class</u>
4 or 5	SE3
2 or 3	SE2
0 or 1	SE1

RUG-III CLASSIFICATION _____

CATEGORY IV: SPECIAL CARE

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

The classification groups in this hierarchy are based on certain resident conditions or services. Use the following instructions:

► **STEP # 1**

Determine if the resident is coded for **one** of the following conditions or services:

I1s	Cerebral palsy, with ADL sum ≥ 10
I1w	Multiple sclerosis, with ADL sum ≥ 10
I1z	Quadriplegia, with ADL sum ≥ 10
J1h	Fever and one of the following;
	I2e Pneumonia
	J1c Dehydration
	J1o Vomiting
	K3a Weight loss
	K5b Tube feeding*
K5b, I1r	Tube feeding* and aphasia
M1a,b,c,d	Ulcers 2+ sites over all stages with 2 or more skin treatments**
M2a	Any stage 3 or 4 pressure ulcer with 2 or more skin treatments**
M4g,M4c	Surgical wounds or open lesions with 1 or more skin treatments***
P1ah	Radiation treatment
P1bdA	Respiratory therapy =7 days

**Tube feeding classification requirements:*

- (1) *K6a is 51% or more calories OR*
- (2) *K6a is 26% to 50% calories and K6b is 501 cc or more per day fluid enteral intake in the last 7 days.*

***Skin treatments:*

<i>M5a, b[#]</i>	<i>Pressure relieving chair and/or bed</i>
<i>M5c</i>	<i>Turning/repositioning</i>
<i>M5d</i>	<i>Nutrition or hydration intervention</i>
<i>M5e</i>	<i>Ulcer care</i>
<i>M5g</i>	<i>Application of dressings (not to feet)</i>
<i>M5h</i>	<i>Application of ointments (not to feet)</i>
<i>[#]Count as one treatment even if both provided</i>	

****Skin Treatments*

<i>M5f</i>	<i>Surgical wound care</i>
<i>M5g</i>	<i>Application of dressing (not to feet)</i>
<i>M5h</i>	<i>Application of ointments (not to feet)</i>

If the resident does not have one of the above conditions, skip to Category V now.

► **STEP # 2**

If at least one of the special care conditions above is met:

- a. If the resident previously qualified for Extensive Services, proceed to Extensive Count Determination. ***Go to Step #3. OR***
- b. If the RUG-III ADL score is 7 or more, the resident classifies as Special Care. ***Go to Step #4. OR***
- c. If the RUG-III ADL score is 6 or less, the resident classifies as Clinically Complex. ***Skip to Category V, Step #4.***

► **STEP # 3 (Extensive Count Determination)**

If the resident previously met the criteria for the Extensive Services category and the evaluation of the Special Care category is done only to determine if the resident is an SE1, SE2, or SE3, **enter 1 for the extensive count below and skip to Category V, Step #1.**

Extensive Count _____
(Enter this count in Step #4 on Page 6-25.)

► **STEP # 4**

If at least one of the special care conditions above is coded and the RUG-III ADL score is 7 or more, **the resident classifies in the Special Care category. Select the Special Care classification below based on the ADL score and record this classification in Step #5:**

<u>RUG-III ADL Score</u>	<u>RUG-III Class</u>
17 - 18	SSC
15 - 16	SSB
7 - 14	SSA

► **STEP #5**

Record the appropriate Special Care classification:

RUG-III CLASSIFICATION _____

CATEGORY V: CLINICALLY COMPLEX

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

The classification groups in this category are based on certain resident conditions **or** services. Use the following instructions:

► **STEP # 1**

Determine if the resident is coded for **one** of the following conditions or services:

B1	Coma (B1=1) and not awake (N1a, b, c = 0) and completely ADL dependent (G1aA, G1bA, G1hA, G1iA= 4 or 8)
I1a,O3, P8	Diabetes mellitus and injection 7 days and Physician order changes \geq 2 days
I1v	Hemiplegia with ADL sum \geq 10
I2e	Pneumonia
I2g	Septicemia
J1c	Dehydration
J1j	Internal bleeding
K5b	Tube feeding*
M4b	Burns
M6b,c,f	Infection of foot (M6b or M6c) with treatment in M6f
P1aa	Chemotherapy
P1ab	Dialysis
P1ag	Oxygen therapy
P1ak	Transfusions
P7, P8	Number of Days in last 14, Physician Visit/order changes: Visits \geq 1 day and changes \geq 4 days OR Visits \geq 2 days and changes \geq 2 days

****Tube feeding classification requirements***

- (1) ***K6a is 51% or more calories OR***
- (2) ***K6a is 26% to 50% calories and K6b is 501 cc or more per day fluid enteral intake in the last 7 days.***

If the resident does not have one of the above conditions, skip to Category VI now.

► **STEP # 2**

If at least one of the clinically complex conditions above is met:

- a. Extensive Count Determination. ***Go to Step #3 OR***
- b. Clinically Complex classification. The resident classifies as Clinically Complex. ***Go to Step #4.***

► **STEP # 3 (Extensive Count Determination)**

If the resident previously met the criteria for the Extensive Services category, and the evaluation of the Clinically Complex category is done only to determine if the resident is an SE1, SE2, or SE3, **enter 1 for the extensive count below and skip to Category VI Step #1.**

Extensive Count _____
(Enter this count in Step #4 on Page 6-25.)

► **STEP # 4**

Evaluate for Depression. Signs and symptoms of a depressed or sad mood are used as a third level split for the Clinically Complex category. Residents with a depressed or sad mood are identified by the presence of a combination of symptoms, as follows:

Count the number of indicators of depression. The resident is considered depressed if he/she has at least 3 of the following:

(Indicator exhibited in last 30 days and coded "1" or "2")

- E1a Negative statements
- E1b Repetitive questions
- E1c Repetitive verbalization
- E1d Persistent anger with self and others
- E1e Self deprecation
- E1f Expressions of what appear to be unrealistic fears
- E1g Recurrent statements that something terrible is going to happen
- E1h Repetitive health complaints
- E1i Repetitive anxious complaints/concerns (Non-health related)
- E1j Unpleasant mood in morning
- E1k Insomnia/changes in usual sleep pattern
- E1l Sad, pained, worried facial expression
- E1m Crying, tearfulness
- E1n Repetitive physical movements
- E1o Withdrawal from activities of interest
- E1p Reduced social interaction

Does the resident have 3 or more indicators of depression? **YES**_____ **NO**_____

► STEP # 5

Assign the Clinically Complex category based on both the ADL score and the presence or absence of depression.

<u>RUG-III ADL Score</u>	<u>Depressed</u>	<u>RUG-III Class</u>
17 - 18	YES	CC2
17 - 18	NO	CC1
12 - 16	YES	CB2
12 - 16	NO	CB1
4 - 11	YES	CA2
4 - 11	NO	CA1

RUG-III CLASSIFICATION _____

CATEGORY VI: IMPAIRED COGNITION

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

► ***STEP # 1***

Determine if the resident is cognitively impaired according to the RUG-III Cognitive Performance Scale (CPS). The resident is cognitively impaired if **one** of the three following conditions exists:

- (1) B1 Coma (**B1=1**) and not awake (N1a, b, c = 0) and completely ADL dependent (G1aA, G1bA, G1hA, G1iA = 4 or 8)
- (2) B4 Severely impaired cognitive skills (B4 = 3)
- (3) B2a, B4, C4 These three items (B2a, B4, and C4) are all assessed with none being blank or unknown (**value N/A or “-”**)

AND

Two or more of the following impairment indicators are present

- | | |
|---------|---------------------------|
| B2a = 1 | Short-term memory problem |
| B4 > 0 | Cognitive skills problem |
| C4 > 0 | Problem being understood |

AND

One or more of the following severe impairment indicators are present:

- | | |
|---------|---------------------------------|
| B4 >= 2 | Severe cognitive skills problem |
| C4 >= 2 | Severe problem being understood |

If the resident does not meet the criteria for cognitively impaired:

- a. and the evaluation is being done to determine if the resident is in SE1, SE2, or SE3, *skip to Step #4 on Page 6-25 “Category III: Extensive Services (cont.)”*
- OR**
- b. *Skip to Category VII now.*

► ***STEP # 2***

If the resident meets the criteria for cognitive impairment:

- a. Extensive Count Determination. *Go to Step #3.* **OR**
- b. Impaired Cognition classification. The resident may classify as Impaired Cognition. *Go to Step #4.*

► **STEP # 3 (Extensive Count Determination)**

If the resident previously met the criteria for the Extensive Services category, and the evaluation of the Impaired Cognition category is done to determine if the resident is in SE1, SE2, or SE3, **enter 1 for the extensive count below and skip to Step #4 on Page 6-25 "Category III: Extensive Services (cont.)."**

Extensive Count _____

(Enter this count in Step #4 on Page 6-25.)

► **STEP # 4**

The resident's total RUG-III ADL score must be 10 or less to be classified in the RUG-III Impaired Cognition category. **If the ADL score is greater than 10, skip to Category VIII now. If the ADL score is 10 or less and one of the impaired cognition conditions above is present, then the resident classifies as Impaired Cognition. Proceed with Step #5.**

► **STEP # 5**

Determine Nursing Rehabilitation Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

Enter the nursing rehabilitation count to the right.

<i>H3a,b*</i>	<i>Any scheduled toileting program and/or bladder retraining program</i>
<i>P3a,b*</i>	<i>Passive and/or active ROM</i>
<i>P3c</i>	<i>Splint or brace assistance</i>
<i>P3d,f*</i>	<i>Bed mobility and/or walking training</i>
<i>P3e</i>	<i>Transfer training</i>
<i>P3g</i>	<i>Dressing or grooming training</i>
<i>P3h</i>	<i>Eating or swallowing training</i>
<i>P3i</i>	<i>Amputation/Prosthesis care</i>
<i>P3j</i>	<i>Communication training</i>
<i>*Count as one service even if both provided</i>	

Nursing Rehabilitation Count _____

► **STEP # 6**

Select the final RUG-III Classification by using the total RUG-III ADL score and the Nursing Rehabilitation Count.

<u>RUG-III ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>RUG-III Class</u>
6 - 10	2 or more	IB2
6 - 10	0 or 1	IB1
4 - 5	2 or more	IA2
4 - 5	0 or 1	IA1

RUG-III CLASSIFICATION _____

CATEGORY VII: BEHAVIOR PROBLEMS

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

► ***STEP # 1***

The resident's total RUG-III ADL score must be 10 or less. **If the score is greater than 10, skip to Category VIII now.**

► ***STEP # 2***

One of the following must be met:

E4aA	Wandering (2 or 3)
E4bA	Verbal abuse (2 or 3)
E4cA	Physical abuse (2 or 3)
E4dA	Inappropriate behavior (2 or 3)
E4eA	Resisted care (2 or 3)
J1e	Delusions
J1i	Hallucinations

If the resident does not meet one of the above, skip to Category VIII now.

► ***STEP # 3***

Determine Nursing Rehabilitation

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

Enter the nursing rehabilitation count to the right.

<i>H3a,b*</i>	<i>Any scheduled toileting program and/or bladder retraining program</i>
<i>P3a,b*</i>	<i>Passive and/or active ROM</i>
<i>P3c</i>	<i>Splint or brace assistance</i>
<i>P3d,f*</i>	<i>Bed mobility and/or walking training</i>
<i>P3e</i>	<i>Transfer training</i>
<i>P3g</i>	<i>Dressing or grooming training</i>
<i>P3h</i>	<i>Eating or swallowing training</i>
<i>P3i</i>	<i>Amputation/Prosthesis care</i>
<i>P3j</i>	<i>Communication training</i>

****Count as one service even if both provided.***

Nursing Rehabilitation Count _____

► STEP # 4

Select the final RUG-III Classification by using the total RUG-III ADL score and the Nursing Rehabilitation Count.

<u>RUG-III ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>RUG-III Class</u>
6 - 10	2 or more	BB2
6 - 10	0 or 1	BB1
4 - 5	2 or more	BA2
4 - 5	0 or 1	BA1

RUG-III CLASSIFICATION _____

CATEGORY VIII: REDUCED PHYSICAL FUNCTION

RUG-III, 53 GROUP HIERARCHICAL CLASSIFICATION

► ***STEP # 1***

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Impaired Cognition or Behavior Problems categories but have a RUG-III ADL score greater than 10, are placed in this category.

► ***STEP # 2***

Determine Nursing Rehabilitation

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

Enter the nursing rehabilitation count to the right.

<i>H3a,b*</i>	<i>Any scheduled toileting program and/or bladder retraining program</i>
<i>P3a,b*</i>	<i>Passive and/or active ROM</i>
<i>P3c</i>	<i>Splint or brace assistance</i>
<i>P3d,f*</i>	<i>Bed mobility and/or walking training</i>
<i>P3e</i>	<i>Transfer training</i>
<i>P3g</i>	<i>Dressing or grooming training</i>
<i>P3h</i>	<i>Eating or swallowing training</i>
<i>P3i</i>	<i>Amputation/Prosthesis care</i>
<i>P3j</i>	<i>Communication training</i>

**Count as one service even if both provided*

Nursing Rehabilitation Count _____

► ***STEP # 3***

Select the RUG-III Classification by using the RUG-III ADL score and the Nursing Rehabilitation Count.

<u>RUG-III ADL Score</u>	<u>Nursing Rehabilitation</u>	<u>RUG-III Class</u>
16 - 18	2 or more	PE2
16 - 18	0 or 1	PE1
11 - 15	2 or more	PD2
11 - 15	0 or 1	PD1
9 - 10	2 or more	PC2
9 - 10	0 or 1	PC1
6 - 8	2 or more	PB2
6 - 8	0 or 1	PB1
4 - 5	2 or more	PA2
4 - 5	0 or 1	PA1

RUG-III CLASSIFICATION _____

APPENDIX B

STATE AGENCY CONTACTS RESPONSIBLE FOR ANSWERING RAI QUESTIONS

STATE AGENCY CONTACTS – MDS RAI COORDINATORS

STATE	MDS RAI Coordinator	PHONE #	E-mail Address
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TX	Margaret Evans, RN	806-249-5579 x27	Margaret.evans@dads.state.tx.us

STATE	MDS RAI Coordinator	PHONE #	E-mail Address
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VT	Laine Lucenti	802-241-2345	Laine.lucenti@dail.state.vt.us
WA	Marjorie Ray	360-725-2487	Rayma@dshs.wa.gov
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WV	Emily Keefer Beverly Hissom	304-558-1740 304-558-4145	emilykeefer@wvdhhr.org beverlyhissom@wvdhhr.org
WY	Linda Brown	307-777-7123	lbrown@state.wy.us

NOTE: Not included in this manual is a list of the State MDS Automation Coordinators and the State Medicaid MDS Coordinators. These lists will be posted on the CMS web site at:

<http://www.cms.hhs.gov/quality/mds20>

REGIONAL OFFICE CONTACTS**Region I**

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APPENDIX I

MDS Item Matrix

MDS 2.0 Item Matrix
Matrix Version 4.7 (08/15/2005)
Data Specifications Version: 1.30

Record Type Codes Used:

- A** = Admission Assessment
- Y** = Comprehensive Assessment (Annual, Significant Change, Significant Correction of Prior Full)
- P** = Medicare PPS Assessment form (MPAF)
- N** = Full Assessment with no RAPs (Full Quarterly where required by State)
- M** = Minimum Quarterly (HCFA Standard 2-page Quarterly)
- RQ** = RUG-III Quarterly (Optional Quarterly Version for RUG-III 1997 Update)
- D** = Discharge Tracking Form
- R** = Reentry Tracking Form

Application Codes Used:

- RG** = RUG-III Case Mix Classification, Version 5.20
- QI** = CHSRA Quality Indicators as defined in "Nursing Facility Quality Indicator Definitions: 11/25/97" from the Center for Health Science Research and Analysis, The University of Wisconsin at Madison
- RP** = Resident Assessment Protocols as defined in the "Long-Term Care Resident Assessment User's Manual: Version 2.0", HCFA, 1995 and in the MDS Data Specifications Version 1.30
- QM** = Quality Measures publicly reported in 11/2004 (15 QMs)

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
REC_ID	Record ID	✓	✓	✓	✓	✓	✓	✓	✓				
REC_TYPE	Record Type Code	✓	✓	✓	✓	✓	✓	✓	✓				
ASMT_LCK	Assessment Lock Date												
CARE_LCK	Care Planning Lock Date												
P_REC_DT	Previous Record Date		✓										
FAC_DOC_CD	Document ID Code (Facility Use)	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE1	Version Completed Code	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE2	Layout Submitted Version Code	✓	✓	✓	✓	✓	✓	✓	✓				
SFTW_ID	Software Vendor Or Agent Tax ID	✓	✓	✓	✓	✓	✓	✓	✓				
SFT_VER	Software Version	✓	✓	✓	✓	✓	✓	✓	✓				
FAC_ID	Unique Facility ID Code (Location)	✓	✓	✓	✓	✓	✓	✓	✓				
RES_ID	Unique Resident ID Code	✓	✓	✓	✓	✓	✓	✓	✓				
AT1	Correction: Attestation Sequence Number	✓	✓	✓	✓	✓	✓	✓	✓				
AT2	Correction: Action Requested	✓	✓	✓	✓	✓	✓	✓	✓				
AT3a	Modification: Transcription error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3b	Modification: Data entry error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3c	Modification: Software product error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3d	Modification: Item coding error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3e	Modification: Other error	✓	✓	✓	✓	✓	✓	✓	✓				
AT4a	Inactivation: Test record submitted as production record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4b	Inactivation: Event did not occur	✓	✓	✓	✓	✓	✓	✓	✓				
AT4c	Inactivation: Submission of inappropriate record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4d	Inactivation: Other reasons requiring inactivation	✓	✓	✓	✓	✓	✓	✓	✓				
AT5a	Attesting Individual: First name	✓	✓	✓	✓	✓	✓	✓	✓				
AT5b	Attesting Individual: Last name	✓	✓	✓	✓	✓	✓	✓	✓				
AT6	Attestation date	✓	✓	✓	✓	✓	✓	✓	✓				
AT_SRC	Correction request source												
SUB_REQ	Requirement for submitting this MDS record	✓	✓	✓	✓	✓	✓	✓	✓				
CNT_FILLER	Control Section Filler (Future Use)												
AA1a	Resident First Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1b	Resident Middle Initial	✓	✓	✓	✓	✓	✓	✓	✓				

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
AA1c	Resident Last Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1d	Resident Name Suffix	✓	✓	✓	✓	✓	✓	✓	✓				
AA2	Gender	✓	✓	✓	✓	✓	✓	✓	✓				
AA3	Birthdate	✓	✓	✓	✓	✓	✓	✓	✓				
AA4	Race/Ethnicity	✓	✓	✓	✓	✓	✓	✓	✓				
AA5a	Social Security Number	✓	✓	✓	✓	✓	✓	✓	✓				
AA5b	Resident Medicare number (or comparable number)	✓	✓	✓	✓	✓	✓	✓	✓				
AA6a	Facility State No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA6b	Facility Federal No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA7	Resident Medicaid No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA8a	Primary reason for assessment	✓	✓	✓	✓	✓	✓	✓	✓				✓
AA8b	Special assessment code	✓	✓	✓	✓					✓			✓
AB1	Date of Entry	✓						✓					
AB2	Admitted from (at Entry)	✓						✓					
AB3	Lived Alone (Prior to Entry)	✓											
AB4	Zip Code of Prior Primary Residence	✓											
AB5a	Prior stay at this nursing home	✓			✓								✓
AB5b	Stay in other nursing home	✓			✓								✓
AB5c	Other residential facility	✓			✓								✓
AB5d	MH/psychiatric setting	✓			✓								✓
AB5e	MR/DD setting	✓			✓								✓
AB5f	Residential history: None of Above	✓			✓								✓
AB6	Lifetime Occupation(s)	✓											
AB7	Education (Highest Level Completed)	✓											
AB8a	Primary Language	✓											
AB8b	If other (language), specify	✓											
AB9	Mental Health History	✓											
AB10a	Not applicable--no MR/DD	✓											
AB10b	Down's syndrome	✓											
AB10c	Autism	✓											
AB10d	Epilepsy	✓											
AB10e	Other organic condition related to MR/DD	✓											
AB10f	MR/DD with no organic condition	✓											
AB11	Date Background Information Completed	✓											
AC1a	Stays up late at night	✓											
AC1b	Naps regularly during day	✓											
AC1c	Goes out 1+ days a week	✓											
AC1d	Stays busy with hobbies/fixed	✓											

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
	routine												
AC1e	Spends most time alone or TV	✓											
AC1f	Moves independently indoors	✓											
AC1g	Use of tobacco daily	✓											
AC1h	Cycle of daily events: None of Above	✓											
AC1i	Distinct food preferences	✓											
AC1j	Eats between meals most days	✓											
AC1k	Use of alcohol/weekly	✓											
AC1l	Eating patterns: None of Above	✓											
AC1m	In bedclothes much of day	✓											
AC1n	Wakens to toilet most nights	✓											
AC1o	Has irregular bowel movement pattern	✓											
AC1p	Showers for bathing	✓											
AC1q	Bathing in PM	✓											
AC1r	ADL patterns: None of Above	✓											
AC1s	Daily contact with relatives/friends	✓											
AC1t	Usually attends church, temple, etc.	✓											
AC1u	Finds strength in faith	✓											
AC1v	Daily animal companion	✓											
AC1w	Involved in group activities	✓											
AC1x	Involvement patterns: None of Above	✓											
AC1y	Unknown customary routine	✓											
A2	Room Number	✓	✓	✓	✓	✓	✓						
A3a	Last day of MDS observation period	✓	✓	✓	✓	✓	✓				✓		✓
A3b	Original/corrected copy of form	✓	✓	✓		✓	✓						
A4a	Date of Reentry	✓	✓	✓	✓	✓	✓		✓				
A4b	Admitted from (at Reentry)								✓				
A5	Marital Status	✓	✓	✓	✓								
A6	Medical Record No.	✓	✓	✓	✓	✓	✓	✓	✓				
A7a	Medicaid per diem	✓	✓	✓									
A7b	Medicare per diem	✓	✓	✓									
A7c	Medicare ancillary part A	✓	✓	✓									
A7d	Medicare ancillary part B	✓	✓	✓									
A7e	CHAMPUS per diem	✓	✓	✓									
A7f	VA per diem	✓	✓	✓									
A7g	Self or family pays for per diem	✓	✓	✓									
A7h	Medicaid resident liability or	✓	✓	✓									

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
	Medicare copay												
A7i	Private insurance per diem	✓	✓	✓									
A7j	Other per diem	✓	✓	✓									
A9a	Legal guardian	✓	✓	✓									
A9b	Other legal oversight	✓	✓	✓									
A9c	Durable power attorney/health	✓	✓	✓									
A9d	Durable power attorney/financial	✓	✓	✓									
A9e	Family member responsible	✓	✓	✓									
A9f	Patient responsible for self	✓	✓	✓									
A9g	Responsibility/guardian: None of Above	✓	✓	✓									
A10a	Living will	✓	✓	✓									
A10b	Do not resuscitate	✓	✓	✓	✓								
A10c	Do not hospitalize	✓	✓	✓	✓								
A10d	Organ donation	✓	✓	✓									
A10e	Autopsy request	✓	✓	✓									
A10f	Feeding restrictions	✓	✓	✓									
A10g	Medication restrictions	✓	✓	✓									
A10h	Other treatment restrictions	✓	✓	✓									
A10i	Advanced directives: None of Above	✓	✓	✓									
B1	Comatose	✓	✓	✓	✓	✓	✓			✓	✓		✓
B2a	Short-term memory OK	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
B2b	Long-term memory OK	✓	✓	✓	✓	✓	✓					✓	
B3a	Recall current season	✓	✓	✓	✓		✓						
B3b	Recall location of own room	✓	✓	✓	✓		✓						
B3c	Recall staff names/faces	✓	✓	✓	✓		✓						
B3d	Recall that he/she in nursing home	✓	✓	✓	✓		✓						
B3e	Recall: None of Above	✓	✓	✓	✓		✓						
B4	Cognitive Skills/Daily Decision Making	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
B5a	Easily distracted	✓	✓	✓	✓	✓	✓					✓	✓
B5b	Periods of altered perception/awareness	✓	✓	✓	✓	✓	✓					✓	✓
B5c	Episodes of disorganized speech	✓	✓	✓	✓	✓	✓					✓	✓
B5d	Periods of restlessness	✓	✓	✓	✓	✓	✓					✓	✓
B5e	Periods of lethargy	✓	✓	✓	✓	✓	✓					✓	✓
B5f	Mental function varies during day	✓	✓	✓	✓	✓	✓					✓	✓
B6	Change in Cognitive Status	✓	✓	✓								✓	
C1	Hearing	✓	✓	✓								✓	
C2a	Hearing aid present/used	✓	✓	✓									
C2b	Hearing aid present/not used	✓	✓	✓									

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
	regularly												
C2c	Other receptive comm. techniques used	✓	✓	✓									
C2d	Communication devices: None of Above	✓	✓	✓									
C3a	Speech	✓	✓	✓									
C3b	Writing messages	✓	✓	✓									
C3c	Amer. sign language/Braille	✓	✓	✓									
C3d	Signs/gestures/sounds	✓	✓	✓									
C3e	Communication board	✓	✓	✓									
C3f	Other	✓	✓	✓									
C3g	Modes of expression: None of Above	✓	✓	✓									
C4	Making Self Understood	✓	✓	✓	✓	✓	✓			✓		✓	
C5	Speech Clarity	✓	✓	✓									
C6	Ability to Understand Others	✓	✓	✓	✓	✓	✓					✓	
C7	Change in Communication/Hearing	✓	✓	✓								✓	
D1	Vision	✓	✓	✓	✓							✓	
D2a	Side vision problems	✓	✓	✓								✓	
D2b	Sees halos/rings/flashs/curtains	✓	✓	✓									
D2c	Visual limitations: None of Above	✓	✓	✓									
D3	Visual Appliances	✓	✓	✓									
E1a	Negative statements	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
E1b	Repetitive questions	✓	✓	✓	✓	✓	✓			✓		✓	
E1c	Repetitive verbalizations	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1d	Persistent anger with self/others	✓	✓	✓	✓	✓	✓			✓		✓	
E1e	Self deprecation	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1f	Expression of unrealistic fears	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1g	Recurrent statements of terrible future	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
E1h	Repetitive health complaints	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1i	Repetitive anxious complaints/concerns	✓	✓	✓	✓	✓	✓			✓		✓	
E1j	Unpleasant mood in morning	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1k	Insomnia/change in sleeping pattern	✓	✓	✓	✓	✓	✓			✓		✓	
E1l	Sad/pained/worried facial expressions	✓	✓	✓	✓	✓	✓			✓		✓	
E1m	Crying/tearfulness	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1n	Repetitive physical movements	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
E1o	Withdrawal from activities of interest	✓	✓	✓	✓	✓	✓			✓	✓	✓	

		Item Required on Record Type							Item Included				
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
E1p	Reduced social interaction	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E2	Mood Persistence	✓	✓	✓	✓	✓	✓				✓	✓	✓
E3	Change in Mood	✓	✓	✓								✓	
E4aA	Wandering: Frequency	✓	✓	✓	✓	✓	✓			✓		✓	
E4aB	Wandering: Alterability	✓	✓	✓	✓	✓	✓						
E4bA	Verbal abuse: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4bB	Verbal abuse: Alterability	✓	✓	✓	✓	✓	✓						
E4cA	Physical abuse: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4cB	Physical abuse: Alterability	✓	✓	✓	✓	✓	✓						
E4dA	Socially inappropriate: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4dB	Socially inappropriate: Alterability	✓	✓	✓	✓	✓	✓						
E4eA	Resist care: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4eB	Resist care: Alterability	✓	✓	✓	✓	✓	✓						
E5	Change in Behavioral Symptoms	✓	✓	✓								✓	
F1a	At ease interacting with others	✓	✓	✓									
F1b	At ease doing planned/structured activities	✓	✓	✓									
F1c	At ease doing self-initiated activities	✓	✓	✓									
F1d	Establishes own goals	✓	✓	✓								✓	
F1e	Pursues involvement in life of facility	✓	✓	✓									
F1f	Accepts invitations to most group activities	✓	✓	✓									
F1g	Initiative/involvement: None of Above	✓	✓	✓									
F2a	Covert/open conflict with staff	✓	✓	✓								✓	
F2b	Unhappy with roommate	✓	✓	✓								✓	
F2c	Unhappy with other residents	✓	✓	✓								✓	
F2d	Open conflict/anger with family/friends	✓	✓	✓								✓	
F2e	Absence of contact with family/friends	✓	✓	✓									
F2f	Recent loss family/friend	✓	✓	✓									
F2g	Does not easily adjust to routine change	✓	✓	✓									
F2h	Unsettled relationships: None of Above	✓	✓	✓									
F3a	Strong identification with past roles	✓	✓	✓								✓	
F3b	Sadness/anger over lost roles/status	✓	✓	✓								✓	
F3c	Perceives daily routine very different	✓	✓	✓								✓	
F3d	Past roles: None of Above	✓	✓	✓									

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
G1aA	Bed mobility: Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1aB	Bed mobility: Support Provided	✓	✓	✓	✓		✓			✓			
G1bA	Transfer: Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1bB	Transfer: Support Provided	✓	✓	✓	✓		✓			✓			
G1cA	Walk in room: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1cB	Walk in room: Support Provided	✓	✓	✓	✓		✓						
G1dA	Walk in corridor: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1dB	Walk in corridor: Support Provided	✓	✓	✓	✓		✓						
G1eA	Locomotion on unit: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1eB	Locomotion on unit: Support Provided	✓	✓	✓	✓		✓						
G1fA	Locomotion off unit: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1fB	Locomotion off unit: Support Provided	✓	✓	✓	✓		✓						
G1gA	Dressing: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1gB	Dressing: Support Provided	✓	✓	✓	✓		✓						
G1hA	Eating: Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1hB	Eating: Support Provided	✓	✓	✓	✓		✓						
G1iA	Toilet: Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1iB	Toilet: Support Provided	✓	✓	✓	✓		✓			✓			
G1jA	Personal hygiene: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1jB	Personal hygiene: Support Provided	✓	✓	✓	✓		✓						
G2A	Bathing: Self-Performance	✓	✓	✓	✓	✓	✓					✓	
G2B	Bathing: Support Provided	✓	✓	✓									
G3a	Balance while standing	✓	✓	✓	✓		✓						
G3b	Balance while sitting	✓	✓	✓	✓		✓					✓	
G4aA	Neck: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4aB	Neck: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4bA	Arm: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4bB	Arm: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4cA	Hand: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4cB	Hand: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4dA	Leg: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4dB	Leg: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4eA	Foot: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4eB	Foot: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4fA	Other: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4fB	Other: Voluntary movement	✓	✓	✓	✓	✓	✓						

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
G5a	Cane/walker/crutch	✓	✓	✓									
G5b	Wheeled self	✓	✓	✓	✓								
G5c	Other person wheeled	✓	✓	✓									
G5d	Wheelchair for primary locomotion	✓	✓	✓									
G5e	Modes of locomotion: None of Above	✓	✓	✓									
G6a	Bedfast all or most of the time	✓	✓	✓	✓	✓	✓				✓	✓	✓
G6b	Bed rails for bed mobility/transfer	✓	✓	✓	✓	✓	✓						
G6c	Lifted manually	✓	✓	✓									
G6d	Lifted mechanically	✓	✓	✓									
G6e	Transfer aid	✓	✓	✓									
G6f	Modes of transfer: None of Above	✓	✓	✓		✓	✓						
G7	Task Segmentation	✓	✓	✓	✓		✓						
G8a	Resident--increased independence capability	✓	✓	✓								✓	
G8b	Staff--increased independence capability	✓	✓	✓								✓	
G8c	Resident slow performing tasks/activity	✓	✓	✓									
G8d	Morning to evening difference in ADLs	✓	✓	✓									
G8e	ADL rehab potential: None of Above	✓	✓	✓									
G9	Change in ADL Function	✓	✓	✓									
H1a	Bowel continence	✓	✓	✓	✓	✓	✓				✓	✓	✓
H1b	Bladder continence	✓	✓	✓	✓	✓	✓				✓	✓	✓
H2a	Bowel elimination pattern regular	✓	✓	✓									
H2b	Constipation	✓	✓	✓								✓	
H2c	Diarrhea	✓	✓	✓	✓		✓						
H2d	Fecal impaction	✓	✓	✓	✓	✓	✓				✓	✓	
H2e	Bowel elimination pattern: None of Above	✓	✓	✓		✓	✓						
H3a	Any scheduled toileting plan	✓	✓	✓	✓	✓	✓			✓	✓		
H3b	Bladder retraining program	✓	✓	✓	✓	✓	✓			✓	✓		
H3c	External (condom) catheter	✓	✓	✓	✓	✓	✓					✓	
H3d	Indwelling catheter	✓	✓	✓	✓	✓	✓				✓	✓	✓
H3e	Intermittent catheter	✓	✓	✓								✓	
H3f	Did not use toilet/commode/urinal	✓	✓	✓									
H3g	Pads/briefs used	✓	✓	✓								✓	
H3h	Enemas/irrigation	✓	✓	✓									
H3i	Ostomy present	✓	✓	✓	✓	✓	✓				✓		✓
H3j	Appliances and programs:	✓	✓	✓		✓	✓						

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
	None of Above												
H4	Change in Urinary Continence	✓	✓	✓									
I1a	Diabetes mellitus	✓	✓	✓	✓		✓			✓			✓
I1b	Hyperthyroidism	✓	✓	✓									
I1c	Hypothyroidism	✓	✓	✓									
I1d	Arteriosclerotic heart disease (ASHD)	✓	✓	✓	✓								
I1e	Cardiac dysrhythmias	✓	✓	✓									
I1f	Congestive heart failure	✓	✓	✓	✓								
I1g	Deep vein thrombosis	✓	✓	✓									
I1h	Hypertension	✓	✓	✓									
I1i	Hypotension	✓	✓	✓								✓	
I1j	Peripheral vascular disease	✓	✓	✓	✓							✓	
I1k	Other cardiovascular disease	✓	✓	✓									
I1l	Arthritis	✓	✓	✓									
I1m	Hip fracture	✓	✓	✓	✓		✓						
I1n	Missing limb	✓	✓	✓									
I1o	Osteoporosis	✓	✓	✓									
I1p	Pathological bone fracture	✓	✓	✓									
I1q	Alzheimer's disease	✓	✓	✓									
I1r	Aphasia	✓	✓	✓	✓		✓			✓			
I1s	Cerebral palsy	✓	✓	✓	✓		✓			✓			
I1t	Cerebrovascular accident (stroke)	✓	✓	✓	✓		✓						
I1u	Dementia other than Alzheimer's	✓	✓	✓									
I1v	Hemiplegia/hemiparesis	✓	✓	✓	✓		✓			✓			
I1w	Multiple sclerosis	✓	✓	✓	✓		✓			✓			
I1x	Paraplegia	✓	✓	✓	✓								
I1y	Parkinson's disease	✓	✓	✓									
I1z	Quadriplegia	✓	✓	✓	✓		✓			✓			
I1aa	Seizure disorder	✓	✓	✓									
I1bb	Transient ischemic attack (TIA)	✓	✓	✓									
I1cc	Traumatic brain injury	✓	✓	✓									
I1dd	Anxiety disorder	✓	✓	✓									
I1ee	Depression	✓	✓	✓	✓		✓					✓	
I1ff	Manic depressive (bipolar disease)	✓	✓	✓	✓		✓				✓		
I1gg	Schizophrenia	✓	✓	✓	✓						✓		
I1hh	Asthma	✓	✓	✓	✓								
I1ii	Emphysema/COPD	✓	✓	✓	✓								
I1jj	Cataracts	✓	✓	✓								✓	
I1kk	Diabetic retinopathy	✓	✓	✓									
I1ll	Glaucoma	✓	✓	✓								✓	

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
I1mm	Macular degeneration	✓	✓	✓									
I1nn	Allergies	✓	✓	✓									
I1oo	Anemia	✓	✓	✓									
I1pp	Cancer	✓	✓	✓									
I1qq	Renal failure	✓	✓	✓									
I1rr	Diseases: None of Above	✓	✓	✓			✓						
I2a	Antibiotic resistant infection	✓	✓	✓	✓		✓						
I2b	Clostridium difficile (c. diff.)	✓	✓	✓	✓		✓						
I2c	Conjunctivitis	✓	✓	✓	✓		✓						
I2d	HIV infection	✓	✓	✓	✓		✓						
I2e	Pneumonia	✓	✓	✓	✓		✓			✓			
I2f	Respiratory infection	✓	✓	✓	✓		✓						
I2g	Septicemia	✓	✓	✓	✓		✓			✓			
I2h	Sexually transmitted diseases	✓	✓	✓	✓		✓						
I2i	Tuberculosis	✓	✓	✓	✓		✓						
I2j	Urinary tract infection in last 30 days	✓	✓	✓	✓	✓	✓				✓	✓	✓
I2k	Viral hepatitis	✓	✓	✓	✓		✓						
I2l	Wound infection	✓	✓	✓	✓		✓						
I2m	Infections: None of Above	✓	✓	✓	✓	✓	✓						
I3a	Other diagnosis a	✓	✓	✓	✓	✓	✓				✓	✓	✓
I3b	Other diagnosis b	✓	✓	✓	✓	✓	✓				✓	✓	✓
I3c	Other diagnosis c	✓	✓	✓							✓	✓	✓
I3d	Other diagnosis d	✓	✓	✓							✓	✓	✓
I3e	Other diagnosis e	✓	✓	✓							✓	✓	✓
J1a	Weight fluctuation 3+ lbs in 7 days	✓	✓	✓	✓		✓					✓	
J1b	Inability to lie flat--shortness of breath	✓	✓	✓	✓		✓						
J1c	Dehydrated--output exceeds input	✓	✓	✓	✓	✓	✓			✓	✓	✓	
J1d	Insufficient fluid in last 3 days	✓	✓	✓	✓		✓					✓	
J1e	Delusions	✓	✓	✓	✓		✓			✓			
J1f	Dizziness/vertigo	✓	✓	✓								✓	
J1g	Edema	✓	✓	✓	✓		✓						
J1h	Fever	✓	✓	✓	✓		✓			✓		✓	
J1i	Hallucinations	✓	✓	✓	✓	✓	✓			✓	✓	✓	
J1j	Internal bleeding	✓	✓	✓	✓		✓			✓		✓	
J1k	Recurrent lung aspirations in last 90 days	✓	✓	✓	✓		✓					✓	
J1l	Shortness of breath	✓	✓	✓	✓		✓						
J1m	Syncope (fainting)	✓	✓	✓								✓	
J1n	Unsteady gait	✓	✓	✓	✓		✓					✓	
J1o	Vomiting	✓	✓	✓	✓		✓			✓			
J1p	Problem conditions: None of	✓	✓	✓		✓	✓						

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
	Above												
J2a	Pain: Frequency	✓	✓	✓	✓	✓	✓						✓
J2b	Pain: Intensity	✓	✓	✓	✓	✓	✓						✓
J3a	Back pain	✓	✓	✓									
J3b	Bone pain	✓	✓	✓									
J3c	Chest pain during usual activities	✓	✓	✓									
J3d	Headache	✓	✓	✓									
J3e	Hip pain	✓	✓	✓									
J3f	Incisional pain	✓	✓	✓									
J3g	Joint pain (other than hip)	✓	✓	✓									
J3h	Soft tissue pain (lesion)	✓	✓	✓									
J3i	Stomach pain	✓	✓	✓									
J3j	Other	✓	✓	✓									
J4a	Fell in past 30 days	✓	✓	✓	✓	✓	✓				✓	✓	✓
J4b	Fell in past 31-180 days	✓	✓	✓	✓	✓	✓					✓	✓
J4c	Hip fracture in last 180 days	✓	✓	✓	✓	✓	✓				✓	✓	
J4d	Other fracture in last 180 days	✓	✓	✓	✓	✓	✓				✓		
J4e	Accidents: None of Above	✓	✓	✓	✓	✓	✓						
J5a	Conditions/diseases lead to instability	✓	✓	✓	✓	✓	✓						
J5b	Resident experiencing acute episode/flare-up	✓	✓	✓	✓	✓	✓						
J5c	End-stage disease, 6 or fewer months to live	✓	✓	✓	✓	✓	✓				✓		✓
J5d	Stability of conditions: None of Above	✓	✓	✓	✓	✓	✓						
K1a	Chewing problem	✓	✓	✓	✓		✓						
K1b	Swallowing problem	✓	✓	✓	✓		✓					✓	
K1c	Mouth pain	✓	✓	✓								✓	
K1d	Oral problems: None of Above	✓	✓	✓			✓						
K2a	Height (inches)	✓	✓	✓	✓		✓						✓
K2b	Weight (pounds)	✓	✓	✓	✓		✓						✓
K3a	Weight loss	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
K3b	Weight gain	✓	✓	✓	✓	✓	✓						
K4a	Complains about taste of many foods	✓	✓	✓								✓	
K4b	Regular complaints of hunger	✓	✓	✓									
K4c	Leaves 25%+ food uneaten at most meals	✓	✓	✓								✓	✓
K4d	Nutritional problems: None of Above	✓	✓	✓									
K5a	Parenteral IV	✓	✓	✓	✓		✓			✓		✓	
K5b	Feeding tube	✓	✓	✓	✓	✓	✓			✓	✓	✓	
K5c	Mechanically altered diet	✓	✓	✓								✓	

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
K5d	Syringe (oral feeding)	✓	✓	✓								✓	
K5e	Therapeutic diet	✓	✓	✓								✓	
K5f	Dietary supplement between meals	✓	✓	✓									
K5g	Plate guard, stabilized utensil, etc.	✓	✓	✓									
K5h	On a planned weight change program	✓	✓	✓	✓	✓	✓						
K5i	Nutritional approaches: None of Above	✓	✓	✓		✓	✓						
K6a	Total calories (%) received in last 7 days	✓	✓	✓	✓		✓			✓			
K6b	Average fluid intake (daily) in last 7 days	✓	✓	✓	✓		✓			✓			
L1a	Debris in mouth before bed	✓	✓	✓								✓	
L1b	Has dentures or removable bridge	✓	✓	✓									
L1c	Some/all natural teeth lost	✓	✓	✓								✓	
L1d	Broken, loose, or carious teeth	✓	✓	✓								✓	
L1e	Inflamed/bleeding gums, oral abscesses, etc.	✓	✓	✓								✓	
L1f	Daily cleaning teeth/dentures or mouth care	✓	✓	✓								✓	
L1g	Oral status: None of Above	✓	✓	✓									
M1a	Ulcers: Stage 1	✓	✓	✓	✓	✓	✓			✓			
M1b	Ulcers: Stage 2	✓	✓	✓	✓	✓	✓			✓			
M1c	Ulcers: Stage 3	✓	✓	✓	✓	✓	✓			✓			
M1d	Ulcers: Stage 4	✓	✓	✓	✓	✓	✓			✓			
M2a	Pressure ulcer highest stage	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
M2b	Stasis ulcer highest stage	✓	✓	✓	✓	✓	✓						
M3	History of resolved ulcers	✓	✓	✓	✓							✓	✓
M4a	Abrasions, bruises	✓	✓	✓	✓		✓						
M4b	Burns (second or third degree)	✓	✓	✓	✓		✓			✓			
M4c	Open lesions other than ulcers, rashes, cuts	✓	✓	✓	✓		✓			✓			
M4d	Rashes--e.g., intertrigo, eczema, etc.	✓	✓	✓	✓		✓						
M4e	Skin desensitized to pain or pressure	✓	✓	✓	✓		✓					✓	
M4f	Skin tears or cuts (other than surgery)	✓	✓	✓	✓		✓						
M4g	Surgical wounds	✓	✓	✓	✓		✓			✓			
M4h	Other skin problems: None of Above	✓	✓	✓	✓		✓						
M5a	Pressure relieving device(s) for chair	✓	✓	✓	✓		✓			✓			
M5b	Pressure relieving device(s) for bed	✓	✓	✓	✓		✓			✓			

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
M5c	Turning/repositioning program	✓	✓	✓	✓		✓			✓			
M5d	Nutrition/hydration intervention	✓	✓	✓	✓		✓			✓			
M5e	Ulcer care	✓	✓	✓	✓		✓			✓			
M5f	Surgical wound care	✓	✓	✓	✓		✓			✓			
M5g	Application of dressings	✓	✓	✓	✓		✓			✓			
M5h	Application of ointments/medications	✓	✓	✓	✓		✓			✓			
M5i	Other preventative/protective skin care	✓	✓	✓	✓		✓						
M5j	Skin treatments: None of Above	✓	✓	✓	✓		✓						
M6a	Resident has one or more foot problems	✓	✓	✓	✓		✓						
M6b	Infection of foot--e.g., cellulitis, etc.	✓	✓	✓	✓		✓			✓			
M6c	Open lesions on foot	✓	✓	✓	✓		✓			✓			
M6d	Nails/calluses trimmed in last 90 days	✓	✓	✓	✓		✓						
M6e	Received preventative/protective foot care	✓	✓	✓	✓		✓						
M6f	Application of dressings	✓	✓	✓	✓		✓			✓			
M6g	Foot problems: None of Above	✓	✓	✓	✓		✓						
N1a	Awake in morning	✓	✓	✓	✓	✓	✓			✓	✓	✓	
N1b	Awake in afternoon	✓	✓	✓	✓	✓	✓			✓	✓		
N1c	Awake in evening	✓	✓	✓	✓	✓	✓			✓	✓		
N1d	Awake: None of Above	✓	✓	✓	✓	✓	✓				✓		
N2	Average Time Involved in Activities	✓	✓	✓	✓	✓	✓				✓	✓	
N3a	Own room	✓	✓	✓									
N3b	Day/activity room	✓	✓	✓									
N3c	Inside NH/off unit	✓	✓	✓									
N3d	Outside facility	✓	✓	✓									
N3e	Activity settings: None of Above	✓	✓	✓									
N4a	Cards/other games	✓	✓	✓									
N4b	Crafts/arts	✓	✓	✓									
N4c	Exercise/sports	✓	✓	✓									
N4d	Music	✓	✓	✓									
N4e	Reading/writing	✓	✓	✓									
N4f	Spiritual/religious activities	✓	✓	✓									
N4g	Trips/shopping	✓	✓	✓									
N4h	Walking/wheeling outdoors	✓	✓	✓									
N4i	Watching TV	✓	✓	✓									
N4j	Gardening or plants	✓	✓	✓									

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
N4k	Talking or conversing	✓	✓	✓									
N4l	Helping others	✓	✓	✓									
N4m	Activity preferences: None of Above	✓	✓	✓									
N5a	Type of activities involved in	✓	✓	✓								✓	
N5b	Extent of involvement in activities	✓	✓	✓								✓	
O1	Number of Medications	✓	✓	✓	✓	✓	✓				✓		
O2	New Medications	✓	✓	✓									
O3	Injections (number days)	✓	✓	✓	✓		✓			✓			
O4a	Antipsychotic	✓	✓	✓	✓	✓	✓				✓	✓	
O4b	Antianxiety	✓	✓	✓	✓	✓	✓				✓	✓	
O4c	Antidepressants	✓	✓	✓	✓	✓	✓				✓	✓	
O4d	Hypnotic	✓	✓	✓	✓	✓	✓				✓		
O4e	Diuretic	✓	✓	✓	✓	✓	✓					✓	
P1aa	Chemotherapy	✓	✓	✓	✓		✓			✓			
P1ab	Dialysis	✓	✓	✓	✓		✓			✓			
P1ac	IV medication	✓	✓	✓	✓		✓			✓			
P1ad	Intake/output	✓	✓	✓	✓		✓						
P1ae	Monitoring acute medical condition	✓	✓	✓	✓		✓						
P1af	Ostomy care	✓	✓	✓	✓		✓						
P1ag	Oxygen therapy	✓	✓	✓	✓		✓			✓			
P1ah	Radiation	✓	✓	✓	✓		✓			✓			
P1ai	Suctioning	✓	✓	✓	✓		✓			✓			
P1aj	Tracheostomy care	✓	✓	✓	✓		✓			✓			
P1ak	Transfusions	✓	✓	✓	✓		✓			✓			
P1al	Ventilator or respirator	✓	✓	✓	✓		✓			✓			
P1am	Alcohol/drug treatment program	✓	✓	✓	✓		✓						
P1an	Alzheimer's/dementia special care unit	✓	✓	✓	✓		✓						
P1ao	Hospice care	✓	✓	✓	✓		✓						✓
P1ap	Pediatric unit	✓	✓	✓	✓		✓						
P1aq	Respite care	✓	✓	✓	✓		✓						
P1ar	Training in community skills	✓	✓	✓	✓		✓						
P1as	Special treatments: None of Above	✓	✓	✓	✓		✓						
P1baA	Speech therapy: # days	✓	✓	✓	✓		✓			✓			
P1baB	Speech therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bbA	Occupational therapy: # days	✓	✓	✓	✓		✓			✓			
P1bbB	Occupational therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bcA	Physical therapy: # days	✓	✓	✓	✓		✓			✓			
P1bcB	Physical therapy: total # minutes	✓	✓	✓	✓		✓			✓			

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
P1bdA	Respiratory therapy: # days	✓	✓	✓	✓		✓			✓			
P1bdB	Respiratory therapy: total # minutes	✓	✓	✓	✓		✓						
P1beA	Psychotherapy: # days	✓	✓	✓	✓		✓						
P1beB	Psychotherapy: total # minutes	✓	✓	✓	✓		✓						
P2a	Special behavioral symptom evaluation program	✓	✓	✓									
P2b	Evaluation by licensed MH specialist	✓	✓	✓									
P2c	Group therapy	✓	✓	✓									
P2d	Resident-specific changes in environment	✓	✓	✓									
P2e	Reorientation--e.g., cueing	✓	✓	✓									
P2f	Intervention programs: None of Above	✓	✓	✓									
P3a	Nursing rehab: Range of motion (passive)	✓	✓	✓	✓		✓			✓			
P3b	Nursing rehab: Range of motion (active)	✓	✓	✓	✓		✓			✓			
P3c	Nursing rehab: Splint or brace assistance	✓	✓	✓	✓		✓			✓			
P3d	Nursing rehab: Bed mobility	✓	✓	✓	✓		✓			✓			
P3e	Nursing rehab: Transfer	✓	✓	✓	✓		✓			✓			
P3f	Nursing rehab: Walking	✓	✓	✓	✓		✓			✓			
P3g	Nursing rehab: Dressing or grooming	✓	✓	✓	✓		✓			✓			
P3h	Nursing rehab: Eating or swallowing	✓	✓	✓	✓		✓			✓			
P3i	Nursing rehab: Amputation/prosthesis care	✓	✓	✓	✓		✓			✓			
P3j	Nursing rehab: Communication	✓	✓	✓	✓		✓			✓			
P3k	Nursing rehab: Other	✓	✓	✓	✓		✓						
P4a	Full bed rails on all sides of bed	✓	✓	✓	✓	✓	✓						
P4b	Other types of side rails used	✓	✓	✓	✓	✓	✓						
P4c	Trunk restraint	✓	✓	✓	✓	✓	✓				✓	✓	✓
P4d	Limb restraint	✓	✓	✓	✓	✓	✓				✓	✓	✓
P4e	Chair prevents rising	✓	✓	✓	✓	✓	✓				✓	✓	✓
P5	Hospital Stays	✓	✓	✓									
P6	Emergency Room (ER) Visits	✓	✓	✓									
P7	Physician Visits	✓	✓	✓	✓		✓			✓			
P8	Physician Orders	✓	✓	✓	✓		✓			✓			
P9	Abnormal Lab Values	✓	✓	✓									
Q1a	Resident wishes to return to community	✓	✓	✓	✓								
Q1b	Support person positive toward discharge	✓	✓	✓									

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
Q1c	Stay projected to be of short duration	✓	✓	✓	✓								
Q2	Overall Change in Care Needs	✓	✓	✓	✓	✓	✓						
R1a	Participate in assessment: Resident	✓	✓	✓									
R1b	Participate in assessment: Family	✓	✓	✓									
R1c	Participate in assessment: Significant other	✓	✓	✓									
R2b	Date RN Coordinator Signed Assessment as Complete	✓	✓	✓	✓	✓	✓						
R3a	Code for Resident Discharge Disposition							✓					
R3b	Optional State Discharge Code							✓					
R4	Discharge Date							✓					
S	Section S. Supplement--State Specific												
T1aA	Recreation therapy: # of days												
T1aB	Recreation therapy: Total # minutes												
T1b	Ordered Therapies				✓					✓			
T1c	Ordered therapy: Estimated days until day 15				✓					✓			
T1d	Ordered therapy: Estimated minutes until day 15				✓					✓			
T2a	Furthest distance walked												
T2b	Time walked without sitting down												
T2c	Self-performance in walking												
T2d	Walking support provided												
T2e	Parallel bars used												
T3MDCR	Medicare Case Mix Group				✓								
T3STATE	State Case Mix Group				✓								
U01RA	Med 01--Route of Administration (RA)												
U01FR	Med 01--Frequency (Freq)												
U01AA	Med 01--Amount Administered (AA)												
U01PR	Med 01--PRN-n												
U01NDC	Med 01--NDC Code												
U02RA	Med 02--Route of Administration (RA)												
U02FR	Med 02--Frequency (Freq)												
U02AA	Med 02--Amount Administered (AA)												
U02PR	Med 02--PRN-n												
U02NDC	Med 02--NDC Code												

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
U03RA	Med 03--Route of Administration (RA)												
U03FR	Med 03--Frequency (Freq)												
U03AA	Med 03--Amount Administered (AA)												
U03PR	Med 03--PRN-n												
U03NDC	Med 03--NDC Code												
U04RA	Med 04--Route of Administration (RA)												
U04FR	Med 04--Frequency (Freq)												
U04AA	Med 04--Amount Administered (AA)												
U04PR	Med 04--PRN-n												
U04NDC	Med 04--NDC Code												
U05RA	Med 05--Route of Administration (RA)												
U05FR	Med 05--Frequency (Freq)												
U05AA	Med 05--Amount Administered (AA)												
U05PR	Med 05--PRN-n												
U05NDC	Med 05--NDC Code												
U06RA	Med 06--Route of Administration (RA)												
U06FR	Med 06--Frequency (Freq)												
U06AA	Med 06--Amount Administered (AA)												
U06PR	Med 06--PRN-n												
U06NDC	Med 06--NDC Code												
U07RA	Med 07--Route of Administration (RA)												
U07FR	Med 07--Frequency (Freq)												
U07AA	Med 07--Amount Administered (AA)												
U07PR	Med 07--PRN-n												
U07NDC	Med 07--NDC Code												
U08RA	Med 08--Route of Administration (RA)												
U08FR	Med 08--Frequency (Freq)												
U08AA	Med 08--Amount Administered (AA)												
U08PR	Med 08--PRN-n												
U08NDC	Med 08--NDC Code												
U09RA	Med 09--Route of Administration (RA)												
U09FR	Med 09--Frequency (Freq)												
U09AA	Med 09--Amount Administered (AA)												
U09PR	Med 09--PRN-n												

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
U09NDC	Med 09--NDC Code												
U10RA	Med 10--Route of Administration (RA)												
U10FR	Med 10--Frequency (Freq)												
U10AA	Med 10--Amount Administered (AA)												
U10PR	Med 10--PRN-n												
U10NDC	Med 10--NDC Code												
U11RA	Med 11--Route of Administration (RA)												
U11FR	Med 11--Frequency (Freq)												
U11AA	Med 11--Amount Administered (AA)												
U11PR	Med 11--PRN-n												
U11NDC	Med 11--NDC Code												
U12RA	Med 12--Route of Administration (RA)												
U12FR	Med 12--Frequency (Freq)												
U12AA	Med 12--Amount Administered (AA)												
U12PR	Med 12--PRN-n												
U12NDC	Med 12--NDC Code												
U13RA	Med 13--Route of Administration (RA)												
U13FR	Med 13--Frequency (Freq)												
U13AA	Med 13--Amount Administered (AA)												
U13PR	Med 13--PRN-n												
U13NDC	Med 13--NDC Code												
U14RA	Med 14--Route of Administration (RA)												
U14FR	Med 14--Frequency (Freq)												
U14AA	Med 14--Amount Administered (AA)												
U14PR	Med 14--PRN-n												
U14NDC	Med 14--NDC Code												
U15RA	Med 15--Route of Administration (RA)												
U15FR	Med 15--Frequency (Freq)												
U15AA	Med 15--Amount Administered (AA)												
U15PR	Med 15--PRN-n												
U15NDC	Med 15--NDC Code												
U16RA	Med 16--Route of Administration (RA)												
U16FR	Med 16--Frequency (Freq)												
U16AA	Med 16--Amount Administered (AA)												

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
U16PR	Med 16--PRN-n												
U16NDC	Med 16--NDC Code												
U17RA	Med 17--Route of Administration (RA)												
U17FR	Med 17--Frequency (Freq)												
U17AA	Med 17--Amount Administered (AA)												
U17PR	Med 17--PRN-n												
U17NDC	Med 17--NDC Code												
U18RA	Med 18--Route of Administration (RA)												
U18FR	Med 18--Frequency (Freq)												
U18AA	Med 18--Amount Administered (AA)												
U18PR	Med 18--PRN-n												
U18NDC	Med 18--NDC Code												
VA01a	Delirium: Triggered	✓	✓										
VA01b	Delirium: Proceed with care	✓	✓										
VA02a	Cognitive loss: Triggered	✓	✓										
VA02b	Cognitive loss: Proceed with care	✓	✓										
VA03a	Visual function: Triggered	✓	✓										
VA03b	Visual function: Proceed with care	✓	✓										
VA04a	Communication: Triggered	✓	✓										
VA04b	Communication: Proceed with care	✓	✓										
VA05a	ADL function: Triggered	✓	✓										
VA05b	ADL function: Proceed with care	✓	✓										
VA06a	Urinary incontinence: Triggered	✓	✓										
VA06b	Urinary incontinence: Proceed with care	✓	✓										
VA07a	Psychosocial well-being: Triggered	✓	✓										
VA07b	Psychosocial well-being: Proceed with care	✓	✓										
VA08a	Mood state: Triggered	✓	✓										
VA08b	Mood state: Proceed with care	✓	✓										
VA09a	Behavior symptoms: Triggered	✓	✓										
VA09b	Behavior symptoms: Proceed with care	✓	✓										
VA10a	Activities: Triggered	✓	✓										
VA10b	Activities: Proceed with care	✓	✓										
VA11a	Falls: Triggered	✓	✓										
VA11b	Falls: Proceed with care	✓	✓										

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
VA12a	Nutritional status: Triggered	✓	✓										
VA12b	Nutritional status: Proceed with care	✓	✓										
VA13a	Feeding tubes: Triggered	✓	✓										
VA13b	Feeding tubes: Proceed with care	✓	✓										
VA14a	Dehydration: Triggered	✓	✓										
VA14b	Dehydration: Proceed with care	✓	✓										
VA15a	Dental care: Triggered	✓	✓										
VA15b	Dental care: Proceed with care	✓	✓										
VA16a	Pressure ulcers: Triggered	✓	✓										
VA16b	Pressure ulcers: Proceed with care	✓	✓										
VA17a	Psychotropic drug use: Triggered	✓	✓										
VA17b	Psychotropic drug use: Proceed with care	✓	✓										
VA18a	Physical restraints: Triggered	✓	✓										
VA18b	Physical restraints: Proceed with care	✓	✓										
VB2	RAP Assessment Signature Date	✓	✓										
VB4	RAP Care Plan Signature Date	✓	✓										
W1	National Provider ID	✓	✓	✓	✓	✓	✓	✓	✓				
W2a	Influenza vaccine received in facility	✓	✓	✓	✓	✓	✓	✓					
W2b	Reason influenza vaccine not received	✓	✓	✓	✓	✓	✓	✓					
W3a	Resident up to date with PPV status	✓	✓	✓	✓	✓	✓	✓					
W3b	Reason PPV not received	✓	✓	✓	✓	✓	✓	✓					
FILLER1	Filler (future use)												
PRIOR_AA1a	Prior Rec: First name	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA1c	Prior Rec: Last name	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA2	Prior Rec: Gender	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA3	Prior Rec: Birthdate	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA5a	Prior Rec: Social security number	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA8a	Prior Rec: Primary assessment reason	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA8b	Prior Rec: Supplemental assessment reason	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A3a	Prior Rec: Assessment reference date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A4a	Prior Rec: Reentry date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_R4	Prior Rec: Discharge date	✓	✓	✓	✓	✓	✓	✓	✓				

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
PRIOR_A3b	Prior Rec: Original/corrected copy of form												
HCFA_OTHR	HCFA Other Required Information												
MCR_GP	Medicare Recomputed Case Mix Group												
MCR_VR	Medicare Recomputed Case Mix Version												
MCR_CMI	Medicare Recomputed Case Mix Index												
MCD_GP	Medicaid Recomputed Case Mix Group												
MCD_VR	State Medicaid Recomputed Case Mix Version												
MCD_CMI	State Medicaid Recomputed Case Mix Index												
FILLER2	Blank Filler												
DATA_END	End of Data Terminator Code	✓	✓	✓	✓	✓	✓	✓	✓				
CRG_RTN	Carrage Return (ASCII 013)	✓	✓	✓	✓	✓	✓	✓	✓				
LN_FD	Line Feed (ASCII 010)	✓	✓	✓	✓	✓	✓	✓	✓				